

## 2018-2022 Capital Budget Request Form

Department Agency Number	6850	Contact Name	Claudia Riegel						
Department Name	Mosquito and T	Contact Number	504-658-2440 or 504-415-7068						
Date		Contact E-Mail	criegel@nola.gov						
Request #	Department Ranking	Prioirty Criteria Ranking	Project Name	Project Amount	2018	2019	2020	2021	2022
1	1	1	acquisition of an airplane for mosquito control	\$ 925,000.00	\$ 925,000.00	\$ -	\$ -	\$ -	\$ -
2	2	2	Biolab roof repair	\$ 91,000.00	\$ 91,000.00	\$ -	\$ -	\$ -	\$ -
3	3	3	Hanger Repair	\$ 750,000.00	\$ 750,000.00	\$ -	\$ -	\$ -	\$ -
4	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>				<b>\$ 1,766,000.00</b>	<b>\$ 1,766,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Department Head  
Signature

*Claudia Riegel*

Printed Name

Claudia Riegel

Date

5/26/2017

Capital Budget Request Form			
Agency Number	6850	Department Name	City of New Orleans Mosquito and Termite Control Bo
Project Name	Mosquito Control airplane	Department Priority Ranking	1
Project Type	replacement of the mosquito control airplane	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	N/A	Does the request meet the General Obligation Bond requirement?	
Project Address	New Orleans Lakefront Airport	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control airplane will need to be replaced in the near future due to serious corrosion and age of the airplane.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No, it will actually decrease since we are spending so much money on repairs and parts.	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 925,000.00	Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	Blank	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	n/a		
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	n/a		
What Benefit(s) will be provided to Public from this project?	tool available for mosquito control, particulary	For what year are you requesting the Project? 2018, 2019, 2020, 2021 or 2022? Enter amount in requested year below.	
		2018	\$ 925,000.00
		2019	\$ -
		2020	\$ -
		2021	\$ -
		2022	\$ -
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	685	Department Name	Mosquito Control
Project Name	Mosquito Control airplane	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Biolab roof repair	Department Priority Ranking	2
Project Type	repair	Is a Land acquisition needed? (Y/N)	no
Will this project be a permanent immovable improvement?	1300 B Gentilly Road	Council District	E
Project Address	The roof of the biolab building was damaged by Katrina and needs to be repaired. The building has severe leaks.		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This is a long-term Mosquito Control building which is currently in use. We have no plans to move from the building.		
Five Year Summary	This work can be done in less than 1 month.		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	The project should improve energy efficiency as well as stopping the leaks and internal damage.
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	no		
What Benefit(s) will be provided to Public from this project?	This building is used to conduct mosquito activities such as mosquito rearing, resistance testing, rearing biological control agents and more.	For what year are you requesting the Project? 2018, 2019, 2020, 2021 or 2022? Enter amount in requested year below.	
		2018	\$ 91,000.00
		2019	\$ -
		2020	\$ -
		2021	\$ -
		2022	\$ -

Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	yes	If no please discuss required improvements and estimated costs	
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### Capital Budget Request Priority Rating Form

Agency Number	685	Department Name	Mosquito Control
Project Name	Biolab roof repair	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	685	Department Name	Mosquito Control
Project Name	Hanger Repair	Department Priority Ranking	3
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	6601 Stars and Stripes Blvd	Council District	E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair the hanger once a lease has been in place. It will be a requirement of the lease that the hanger be repaired. The architectural plans are complete. We have been waiting on the terms of the lease with the airport.		
Five Year Summary	This is a one year project and must be completed by December 2018 per lease with the Non-Flood Asset Management Authority.		
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	FEMA
	NO	Please provide estimate of increase or decrease operating costs.	750000
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Mosquito Control is an essential service and the airplane is required to deliver aerial adulticide.		
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Yes, additional hazard mitigation is included to avoid damage in future flooding events.		
What Benefit(s) will be provided to Public from this project?	Aerial adulticide is an essential part of mosquito control, particularly for breaking epidemics.	For what year are you requesting the Project? 2018, 2019, 2020, 2021 or 2022? Enter amount in requested year below.	
		2018	\$ 750,000.00
		2019	\$ -
		2020	\$ -
		2021	\$ -
2022	\$ -		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

**Capital Budget Request Priority Rating Form**

Agency Number	685	Department Name	Moquito Control
Project Name	Hanger Repair	Department Priority Ranking	3
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
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